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PTO/SB/82 (09-04)
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and to a collection of information unless it displays a valid OMB control number. OCT 0 5 2004 Under the Paperwork Reduction Act of 1995. Application Number 10/040,156 Filing Date **REVOCATION OF POWER OF** 12-19-2001 **ATTORNEY WITH** First Named Inventor McGregor, Travis **NEW POWER OF ATTORNEY** Art Unit 2635 AND **Examiner Name** AU, SCOTT D **CHANGE OF CORRESPONDENCE ADDRESS**

Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR C. Bart Sullivan Firm or -Individual Name Address 1543 Sherman Dr. Zip State City CA 94510 Renicia Country United States Telephone (801) 540-3947 (707) 746-1762 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Travis Telephone 415-925-1374 Date 09.28.04 NOTE: Signatures of all the inventors or assignees of report of the entire laterest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. "Total of 3

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including generating, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suppositions for reducing this burnder, should be sent to the CNef Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Parents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF	Filing Date	12-19-2001
ATTORNEY WITH	First Named Inventor	McGregor, Travis
NEW POWER OF ATTORNEY	Art Unit	2635
AND	Examiner Name	AU, SCOTT D
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	23758.00120

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OR						•
Firm or Individual Name	C. Bert Sullivan					
Address	1543 Sherman Dr.			•		
City	Berácia	State	CA		Zip	94510
Country	United States .					
Telephone	(707) 748-1762		Fax	(801) 640-3947		
I am the: Applicant/Inven	ord of the entire interest. See 37 Cl	FR 3.7	1.			,
Statement unde	r 37 CFR 3.73(b) is enclosed. (Form					
Signatura	SIGNATURE of Applicant	OP A8	signee	OI KOCOFO		
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REVOCATION OF POWER OF	Filing Date	12-19-2001
ATTORNEY WITH	First Named Inventor	McGregor, Travis
NEW POWER OF ATTORNEY	Art Unit	2635
AND	Examiner Name	AU, SCOTT D
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	23758.00120

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OR I hereby appoint	the practitioners associated with the	e Custo	mer No	ımber:		
	associated with mber:	sbove-id	entified	I application to:		
Firm or Individual Name	C. Bart Sullivan					
Address	1543 Sherman Dr.					
City	Benicia	State	CA		Zip	94510
Country	United States					
Telephone	(707) 746-1762		Fax	(801) 640-3947		
	tor. ord of the entire Interest. See 37 Cl c37 CFR 3:73(b) is enclosed. (Form					÷
/11	SIGNATURE of Applicant	or Ass	Ignes	of Record		
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Name D.S.	COTT MEGREGOR					
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		Application	Number	10/040,156	
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The address associate	e correspondence address for the			:	
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Firm or individual Name	C. Bart Sulliven				
Address	1543 Sherman Dr.				
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City	Benkfa		State CA		Zip 94510
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Name Travis	m'(regot				
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OR Firm or Individual Name	C. Bart Sulliven						
Address	1543 Sherman Dr.						
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	707-748-1762		Fax	801-640-3947			
Applicant/inventor. Assignee of record of the Statement under 37 CF	ne entire Interest. See 37 CFF R 3.73(b) is enclosed. (Form	R 3.71. PTO/SB/96)) position			
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